

<b>CLAIMS ONLY</b>							Application Number <b>10/77/259</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED <b>7-13-05</b>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
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Total Indep	1										
Total Depend	10										
Total Claims	11										

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